



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40601 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 564-3296, Fax (502) 696-5849 ~ <http://mft.ky.gov>

APPLICATION FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST

CHECKLIST

Please use this checklist to ensure that the application has been completed correctly and that you have mailed all necessary information to the Board. Applications with information missing will not be processed or reviewed for approval.

- ☐ Section 1 – Personal Background. If you answer “yes” to numbers 3,4,5,6,7 you MUST include the required information for your application to be approved. In sufficient information will cause your application to be deferred pending complete information.
- ☐ Section 2 – Experience. Have you listed all employment settings where you provided therapy services and the clinician who provided supervision of your work toward licensure.
- ☐ Section 3 – Verification of Clinical Supervision. Has each supervisor completed a segment of this section and provided a signature?
- ☐ Have you enclosed the required NON-REFUNDABLE \$50.00 application fee and refundable \$175.00? (\$225.00 total made payable to the Kentucky State Treasurer). If you choose not to send \$175 licensure fee in advance, you will be notified of the Board’s decision in writing and licensure fee will be due prior to your license being issued.



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SECTION 1 – PERSONAL BACKGROUND (Complete ALL questions; type or print information clearly)

1. Name: Last First Middle Social Security Number
2. Mailing Address: Street City State Zip Code
Phone Numbers: Work Home County of Residence
Email Address
3. Do you currently hold a Kentucky Marriage and Family Therapist Associate Permit? ☐ Yes ☐ No.
If yes, list your permit number: _____
4. Have you ever been credentialed as a marriage and family therapist in any other state? ☐ Yes ☐ No.
If YES, what state? _____ Is the license active at this time? ☐ Yes ☐ No.
If YES, list the number and title of credential: _____
5. Has your certification or licensure in Kentucky or any other state ever been suspended or
revoked? If yes, give details: ☐ Yes ☐ No.

6. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from
any professional training program, or from the program of any university? ☐ Yes ☐ No
If yes, please provide details: _____

7. Have you ever been convicted of a felony? ☐ Yes ☐ No.
If yes, name offense: _____
(MUST include court documentation of disposition)
8. Do you hold clinical membership in the American Association for Marriage and Family Therapy? ☐ Yes ☐ No.
9. Have you ever been sanctioned by AAMFT or by any professional associations for ethical
misconduct? If yes, please provide details. ☐ Yes ☐ No.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license / permit revoked by the Board.

Date
10/2011

Applicant's Signature
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SECTION 2 – EXPERIENCE

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience during the entire timeframe of your status as a Marriage and Family Therapist Associate. You must obtain a minimum of 1,000 client contact hours over a minimum of two years.

Employed from: Mo. _____ Yr. _____ to: Mo. _____ Yr. _____	Describe your Duties: _____ _____ _____ Total Number of Client Contact Hours: _____
Title of Position: _____	
Name of Employer: _____	
MFT Supervisor: _____	

Employed from: Mo. _____ Yr. _____ to: Mo. _____ Yr. _____	Describe your Duties: _____ _____ _____ Total Number of Client Contact Hours: _____
Title of Position: _____	
Name of Employer: _____	
MFT Supervisor: _____	

Employed from: Mo. _____ Yr. _____ to: Mo. _____ Yr. _____	Describe your Duties: _____ _____ _____ Total Number of Client Contact Hours: _____
Title of Position: _____	
Name of Employer: _____	
MFT Supervisor: _____	

Total of all MFT Client Contact Hours: _____

(If additional pages are needed, you may reproduce this page.)



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A minimum of 200 hours of Clinical Supervision is marriage and family therapy is required. Please be advised that the definition of an approved supervisor is found in 201 KAR 32:035, Section 2.

All supervisors must provide proof of completion of the most recent supervisor training and 1 CEU of KY law with this application.

1. Clinical Supervisor's Name: _____ Supervisors LMFT License #: _____

Is this an active license in Kentucky? ☐ Yes ☐ No.

Please check one: ☐ AAMFT Approved Supervisor ☐ KY Approved Supervisor

Date of Initial Supervisor Training: _____ Date of most recent Supervisor Training _____

Date of most recent KY law CEU: _____

State and End date for supervision contract: _____ Number of supervisory hours provided: _____

Do you know of any reason why this person should not be issued a license as a Marriage and Family Therapist?

☐ Yes ☐ No.

Comments regarding ethical behavior and therapeutic competency: _____

Signature of Supervisor: _____

2. Additional Supervisor's Name: _____ Supervisors LMFT License #: _____

Is this an active license in Kentucky? ☐ Yes ☐ No.

Please check one: ☐ AAMFT Approved Supervisor ☐ KY Approved Supervisor

Date of Initial Supervisor Training: _____ Date of most recent Supervisor Training _____

Date of most recent KY law CEU: _____

State and End date for supervision contract: _____ Number of supervisory hours provided: _____

Do you know of any reason why this person should not be issued a license as a Marriage and Family Therapist?

☐ Yes ☐ No.

Comments regarding ethical behavior and therapeutic competency: _____

Signature of Supervisor: _____

Total of ALL MFT Supervision Hours: _____